

## Statement of Organization Recipient Committee

**Primarily Formed Committee** 

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

JUL 30 2018

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

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	917.11	1000			

INSTRUCTIONS ON REVERSE Page 2 .D. NUMBER COMMITTEE NAME 1400479 Anthony Phan Legal Defense Fund · All committees must list the financial institution where the campaign bank account is located. AREA CODE/PHONE NAME OF FINANCIAL INSTITUTION (408) 586-7682 Wells Fargo STATE ZIP CODE ADDRESS Milpitas CA 95035 1 S Milpitas Blvd 4. Type of Committee Complete the applicable sections. Controlled Committee • List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. • List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable. • If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT ELECTION (INCLUDE DISTRICT NUMBER IF APPLICABLE) CHECK ONE Nonpartisan Partisan (list political party below) 2016 Anthony Phan Councilmember Nonpartisan Partisan (list political party below)

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CHECK ONE

OPPOSE

OPPOSE

SUPPORT

SUPPOR

Statement of Recipient Cor	_					Date Stamp	CALIFO	
Statement Type		✓ Amendm	ent [	7 Termin	ation – See Part 5		FOR	
	Not yet qualified	<u></u> /	Y'''				- Ci	ty Clerk's Office
	or  Date qualified as committe	03 , 12	, 2018		1			MAR 15 2018
•	03 , 12 , 2018	Date qualified (If amending to p		Date of	termination			MWV TO TOID
	00 / 12 / 2010	(ii amending to p	ovide this date)				R	ECEIVED
1. Committee l	nformation '	1. <b>D. Numbe</b> 1400479	r (if applicable)		2. Treasurer and Othe	r Principal Officers		
NAME OF COMMITTEE		11400479			NAME OF TREASURER			
Anthony Phan Le	egal Defense Fund				Suzanna Trieu			
					STREET ADDRESS (NO P.O. BOX)			
					1422 W 22rd Street			
STREET ADDRESS (NO P.	.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
437 Greathouse	Drive				Torrance	CA	90501	408 726 4704
CITY	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF A	NY		
Milpitas	CA	95035	408 726 47	04				
MAILING ADDRESS (IF E	DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQU	JIRED) / FAX (OPTIONAL)			······	CITY	STATE	ZIP CODE	AREA CODE/PHONE
voteanthonyphai	n@gmail.com							
COUNTY OF DOMICILE	JURISDICTION WHI	ERE COMMITTEE IS ACTIV			NAME OF PRINCIPAL OFFICER(S)			
Santa Clara	City of Milp	itas			Anthony Phan			
					STREET ADDRESS (NO P.O. BOX)			
					437 Greathouse Drive			
Attach additiona	l information on appropriate	ly labeled continu	uation sheets.		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	<b>7</b> ;	,			Milpitas	CA	95035	408 726 4704
3. Verification I have used all penalty of perjorman Executed on Executed on Executed on Executed on Executed on Executed on	reasonable diligence in prepa ury under the laws of the Sta O3 / 15 / 18 By	aring this statemo te of California t	signature of con	g is true a	ETREASURER OR ASSISTANT TREASURER  FICEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT	e and complete	. I certify under
	DATE		SIGNATURE OF CO	NTROLLING O	FICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT		

FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee					CALIFOR FORM		110
INSTRUCTIONS ON REVERSE							, i G
COMMITTEE NAME					Page 2 .D. NUMBER		
Anthony Phan Legal Defense Fund				i	1400479		
All committees must list the financial institution where the campaign	bank accoun	t is located.					
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE		Regional Property Control			
Wells Fargo	4085	867682					
ADDRESS	CITY		STALE	ZIP CODE			
1 S Milpitas Blvd	Milpit	tas	CA	95035			
4. Type of Committee Complete the applicable sections.							
Controlled Committee						480600 0000 80000 0000	
• List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.	te measure p	proponent. If candidat	e or officeholder cont	rolled, also list the ele	ective office so	ught or h	eld, and
• List the political party with which each officeholder or candidate	e is affiliated	l or check "nonpartisar	."				
If this committee acts jointly with another controlled committee	e, list the na	me and identification r	umber of the other co	ontrolled committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB		YEAR OF ELECTION	N	PARTY	
Anthony Phan	Councilr	member		2016	☑ Nonp	artisan	
					Nonp	artisan	
Primarily Formed Committee Primarily formed to support or	oppose spec	cific candidates or mea	sures in a single electi	on. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LI	ETTER)		s) OFFICE SOUGHT OR HELD C IDE DISTRICT NO., CITY OR CO	R MEASURE(S) JURISDICTION DUNTY, AS APPLICABLE)	1	CHEC	K ONE
				Matter and a second		SUPPORT	OPPOSE
<del></del>						SUPPORT	OPPOSE

Statement of Organizat Recipient Committee Statement Type  Initial Not yet q or O Date qua	'L'	Date qualifi	, ,	/_	H79 nation – See Part 5	Date State  RECEIVED AN  the office of the Sec of the State of C	ID FILE retary of Sta alifornia	ró	
1. Committee Information		I.D. Num	ber (if applicable)		2. Treasurer and O	) Other Principal (	Officers		
NAME OF COMMITTEE Anthony Phan Legal Defense	e Fund	la de la companya de			NAME OF TREASURER  Anthony Phan  STREET ADDRESS (NO P.O. BOX)				
					440 Dixon Landin	g Road Apt L210			
STREET ADDRESS (NO P.O. BOX)	1.040				CITY		STATE	ZIP CODE	area code/phone 408 726 4704
440 Dixon Landing Road Apt			1251 00 25/21/01/5		Milpitas  NAME OF ASSISTANT TREASUR	ED IF ANY	CA	95035	408 726 4704
Milnitos	state CA	21P CODE 95035	area code/phone 408 726 47		NAME OF ASSISTANT TREASOR	ER, IF AINT			
Milpitas  MAILING ADDRESS (IF DIFFERENT)		95035	406 720 47		STREET ADDRESS (NO P.O. BOX)	)			
e-mail address (required) / Fax (option) voteanthonyphan@gmail.com					CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WI	HERE COMMITTEE IS AC	CTIVE		NAME OF PRINCIPAL OFFICER(S	s)			
Santa Clara	City of Mil	pitas	10000		Anthony Phan				
See attachment	· ·				STREET ADDRESS (NO P.O. BOX)				
Jee accacoment	/				440 Dixon Landin	g Road Api LZTC	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional information of	on appropriate	ely labeled cont	inuation sheets.		Milpitas	green green	CA	95035	408 726 4704
3. Verification I have used all reasonable dil penalty of perjury under the Executed on  Executed on  Executed on  DATE  Executed on  DATE  Executed on  DATE		_	SIGNATURE OF CO	g is true	_	E MEASURE PROPONENT  E MEASURE PROPONENT	erein is truc		
		Γ <sub>0</sub>	lear Page		Print		FPPC Ad		PC Form 410 (May/2017 oc.ca.gov (866/275-3777 www.fppc.ca.go

Statement of Organization Recipient Committee				CALIFORNIA 410
INSTRUCTIONS ON REVERSE			P	age 2
Anthony Phan Legal Defense F	- Fund		i.	D. NUMBER
All committees must list the financial institution where the campaign b	pank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	<del>-</del> :		
Wells Fargo	408 586 7682			
ADDRESS .	СІТУ	STATE	ZIP CODE	
1 S Milpitas Blvd	Milpitas	CA	95035	
4. Type of Committee Complete the applicable sections.	en de la company de la comp		and the state of t	
Controlled Committee				
<ul> <li>List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate in this committee acts jointly with another controlled committee,</li> </ul>	is affiliated or check "nonpartisan."			sive office sought of ficial, and
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OF (INCLUDE DISTRICT NUMBER IF AI		YEAR OF ELECTION	PARTY
Anthony Phan	Councilmember		2016	✓ Nonpartisan
		·		Nonpartisan
Primarily Formed Committee Primarily formed to support or op	nnoso specific candidates or measures	in a single elect	ion List below:	
•	phose specific candidates of illeasures	in a single cicot	ion. List below.	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	CANDIDATE(S) OFFIC	E SOUGHT OR HELD	OR MEASURE(S) JURISDICTION OUNTY, AS APPLICABLE)	CHECK ONE
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	CANDIDATE(S) OFFIC	E SOUGHT OR HELD	OR MEASURE(S) JURISDICTION	CHECK ONE SUPPORT OPPOSE

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California Secretary of State Political Reform Division 1500 11th Street, Rm 495 Sacramento, CA 95814

November 16, 2017

To whom it may concern,

and/or costs related to FPPC Case Number 17/054 regarding the "Neighbors for Anthony Phan 2016 - City Council" committee (FPPC# 1389973). The purpose of the "Anthony Phan Legal Defense Fund" is to solicit funds to pay for legal fees

Sincerely,

Anthony Phan

Statement of	_				Date Stamp		CALIFO	
Recipient Con Statement Type	nmittee ☑ Initial	☐ Amendment	□ Torm	ination – See Part 5	City Clerk's C	ffice	FOR	Official Use Only
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Not yet qualified	Amendment		mation - See Part 5	1111 1 0 2	JUL 18 2017		ometor ose om,
	or	, ,	1	1	JUL TO S			
	O Date qualified as committe	Date qualified as commi (If amending to provide this da		of termination	RECEIV	ED		
1. Committee li	nformation	I.D. Number (if appl	icable)	2. Treasurer and O	ther Principal Offi	cers		
NAME OF COMMITTEE				NAME OF TREASURER			<u> </u>	
Anthony Phan Le	egal Defense Fund			Anthony Phan				
-				STREET ADDRESS (NO P.O. BOX)	····	<del></del>		
		•		440 Dixon Landin	g Road Apt L210			
STREET ADDRESS (NO P.O	O. BOX)		<del></del>	CITY		STATE	ZIP CODE	AREA CODE/PHONE
440 Dixon Landir	ng Road Apt L210			Milpitas		CA	95035	408 726 4704
CITY	STATE	ZIP CODE AREA CO	DE/PHONE	NAME OF ASSISTANT TREASURI	ER, IF ANY		<del></del>	
Milpitas	CA	95035 408	726 4704					
MAILING ADDRESS (IF D	IFFERENT)			STREET ADDRESS (NO P.O. BOX)	)			
E-MAIL ADDRESS (REQU	IRED) / FAX (OPTIONAL)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
voteanthonyphar	n@gmail.com							
COUNTY OF DOMICILE	JURISDICTION WH	HERE COMMITTEE IS ACTIVE	***************************************	NAME OF PRINCIPAL OFFICER(S	5)			
Santa Clara	City of Milp	oitas		Anthony Phan				
				STREET ADDRESS (NO P.O. BOX)				
				440 Dixon Landin				
Attach additional	information on appropriate	ely labeled continuation sh	ieets.	CITY		STATE	ZIP CODE	AREA CODE/PHONE
	, , , ,	,		Milpitas		CA	95035	408 726 4704
	reasonable diligence in prepury under the laws of the State      1	ate of California that the fi	oregoing is true  SIGNATURE  TURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STAT	SURER  E MEASURE PROPONENT  E MEASURE PROPONENT	n is true	and complete	. I certify under
	VAIL	SIGNA	TURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STAT	IE WIEASUKE PRUPUNENT			

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INSTRUCTIONS ON REVERSE		F	Page 2		
COMMITTEE NAME Anthony Phan Legal Defense Fund		Ĭ.	D. NUMBER		
All committees must list the financial institution where the campaig	(COMMANDE	•			
NAME OF FINANCIAL INSTITUTION	AREA COD	E/PHONE	<del></del>		
Wells Fargo	40858	67682			
ADDRESS	CITY		STATE	ZIP CODE	
1 S Milpitas Blvd	Milpita	S	CA	95035	
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NAME OF CANDIDATE/OFFICEROLDER/STATE MEASURE PROPONENT		(INCLUDE DISTRICT NUMBER IF	APPLICABLE	TEAR OF ELECTION	Nonpartisan
Anthony Phan	Councilm	ember		2016	Nonpartisan
					Nonpartisan
Primarily Formed Committee Primarily formed to support o	r oppose specif	ic candidates or measure	es in a single elec	tion. List below:	oaneerekaan ee
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR	LETTER)			OR MEASURE(S) JURISDICTION COUNTY, AS APPLICABLE)	CHECK ONE
					SUPPORT OPPOSE
					SUPPORT OPPOSE